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C.C.
H-811

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

N. KOFUJI et al

Serial No. 09/363,191

Group Art Unit: 1763

Filed: July 29, 1999

Examiner: L. Alejandro-Mulero

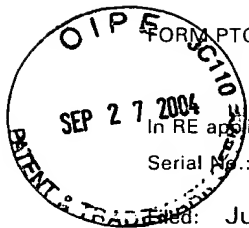
For: DRY ETCHING APPARATUS AND A METHOD OF
MANUFACTURING A SEMICONDUCTOR DEVICE

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed April 22, 2004,
please amend the above-identified application as follows. A
Petition and fee for a one-month Extension of Time accompanies
this response.



FORM PTO-1083

PATENT

Case Docket No. H-811

In RE application of N. KOFUJI et al

Serial No.: 09/363,191

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Filed: July 29, 1999

Examiner: Alejandro-Mulero

For: DRY ETCHING APPARATUS AND A METHOD OF MANUFACTURING A SEMICONDUCTOR DEVICE

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	* 13	Minus	** 20	=	0
Indep.	* 2	Minus	*** 3	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☒ A check in the amount of \$ 0.00 is attached in payment of:
CREDIT CARD PAYMENT FORM FOR \$420.00
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Attorney for Applicant(s)

Date: September 22, 2004